

PTO/SB/87 (09-04)

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Application No. (if known): 10/820,656

Attorney Docket No.: 31176282-004001

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Client/Matter No.	31176282-004001		
Re	App. No. : 10/820,656		
	Applicant : Schaub, Robert G., et al.		
	Filed : April 8, 2004		
	TC/A.U. : 1616		
	Examiner : Alstrum-Acevedo, J.H.		
	Docket No. : 31176282-004001		
	Customer No. : 51738		
	Entitled : Hemophilia Treatment by Inhalation of Coagulation Factors.		

Pages (w/cover) 12

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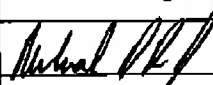
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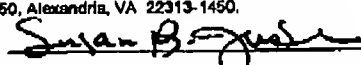
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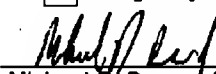
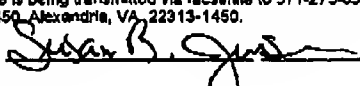
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/820,656	
	Filing Date	April 8, 2004	
	First Named Inventor	Schaub, Robert G.	
	Art Unit	1616	
	Examiner Name	Alstrum-Acevedo, J.H.	
Total Number of Pages In This Submission	12	Attorney Docket Number	31176282-004001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cert. of Facsimile, Change of Correspondence Address, and Amendment Transmittal.
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Firm or Individual name	Baker & McKenzie LLP Michael D. Berger, Ph.D., 52,616
Signature	
Date	January 17, 2006

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Dated: January 17, 2006	Signature: 	(Susan B. Jensen)

AMENDMENT TRANSMITTAL LETTER			Docket No. 31176282-004001		
Application No. 10/620,656	Filing Date April 8, 2004	Examiner Alstrum-Acevedo, J.H.	Art Unit 1616		
Applicant(s): Schaub, et al.			RECEIVED CENTRAL FAX CENTER		
Invention: Hemophilia Treatment by Inhalation of Coagulation Factors			JAN 17 2006		
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	28	- 45 =		x	0.00
Independent Claims	8	- 8 =		x	0.00
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/>	
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 Michael D. Berger, Ph.D. Reg. No.: 52,616			Dated: <u>January 17, 2006</u>		
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